

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Paquin Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 California State Controller's Office
 Division, Board, Department, District, if applicable Your Position
 Executive Office Deputy Controller, Investments

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached list Position: Board Designee

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2016, through December 31, 2016. **Leaving Office:** Date Left ____/____/_____
 (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
- or-
 The period covered is ____/____/_____, through December 31, 2016.
- Assuming Office:** Date assumed ____/____/_____
 -or-
 The period covered is ____/____/_____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 300 Capitol Mall Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 324-9756

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/17/17 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)

FORM 700 – STATEMENT OF ECONOMIC INTERESTS

COVER PAGE – ADDENDUM

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List of additional positions – Board Designee for:

California Public Employees' Retirement System (CalPERS) Board of Administration
California State Teachers' Retirement System (CalSTRS) Board of Administration
California Alternative Energy and Advanced Transportation Financing Authority
California Debt and Investment Advisory Commission
California Debt Limit Allocation Committee
California Educational Facilities Authority
California Health Facilities Financing Authority
California Industrial Development Financing Advisory Commission
California Pollution Control Financial Authority
California Tax Credit Allocation Committee
California Transportation Financing Authority
Pooled Money Investment Board